

In the meantime, Delbert applied for and awaited approval from the Alternatives Program for Adults with Physical Disabilities, a state Medicaid program. Once approval came, he received funding and assistance in having his bathroom retrofitted to be handicapped accessible.

He was also provided with personal care and housekeeping assistance. Delbert also began to receive home delivered meals. Last October, Delbert celebrated his 65th birthday. Because he was confined to a wheelchair and very isolated and lonely, his doctor prescribed socialization and exercise to combat his depression. Now, every Tuesday and Thursday Delbert rides in a handicap accessible van to the Benton County Senior Services Center where he participates in an exercise program.

He now enjoys his newfound friends and enjoys games and other activities at the senior center. Thanks to these aging and disability support services, Delbert lives with dignity and independence. Without this assistance he would, no doubt, have spent the past few years in a long-term care facility at enormous cost to the public.

If SSBG gets cut severely this year, millions of Meals on Wheels to homebound seniors may not be delivered next year to people who rely on them. States are already scaling back congregate and home delivered meal programs because of last year's Federal funding cuts. Although Congress increased Older Americans Act funds for home delivered meals by 31% last year, it simultaneously cut the Social Services Block Grant and the USDA Nutrition Program for the Elderly, which resulted in a net loss of \$300,000 in Federal funds to Arkansas. Unless we act, this year's cuts will be even greater.

To put the cost of home delivered meals in perspective, the cost of providing home delivered meals to a senior for one year costs about as much as one day's stay in the hospital for one person. I don't know about you, but I think that is pretty affordable.

The irony of the situation is that these draconian cuts to SSBG come at a time when our budget is experiencing unprecedented surpluses. That is why I respectfully disagree with some of my colleagues who support these crippling SSBG funding cuts. They argue that Governors can offset these cuts with tobacco settlement money or TANF funds, but I think this is unrealistic. Governors are spending most of their tobacco settlement funds on health related initiatives and smoking prevention programs.

I supported an amendment during last year's Labor/HHS/Education appropriations process to restore funding to the SSBG, although it did not pass. Recently I cosponsored legislation by Senators GRAHAM and JEFFORDS to restore SSBG funding. When I was in the House of Representatives and voted for welfare reform, an agreement was made between Congress and the states to decrease SSBG from \$2.8 billion to \$2.4 billion until welfare reform was firmly established. In FY 03, Congress was to restore funding to the \$2.8 billion level. Clearly, Congress has not operated in good faith in honoring this agreement.

I believe that the Older Americans Act and the Social Services Block Grant are vital safety nets for our nation's seniors. I hope the Senate will do the right thing by passing a pro-senior Older Americans Act and restore funds to the Social Services Block Grant.

I don't know about my colleagues, but I do know there is not a day that goes by that I don't think of the contribution of an elderly person in my life.

I would like to close by reading a quote by Senator Hubert Humphrey that you may be familiar with:

It was once said that the moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in the shadows of life—the sick, the needy and the disabled.

I think we have a wonderful opportunity to help the young, the old, the sick, the needy and the disabled by restoring the cuts to the Social Services Block Grant and reauthorizing the Older Americans Act.

Let's get to work!

The PRESIDING OFFICER (Mr. THOMAS). The Senator from Iowa is recognized.

THE OLDER AMERICANS ACT

Mr. GRASSLEY. Mr. President, I have come to the floor to speak as a member of the Judiciary Committee, but I will back up the Senator from Arkansas on one very key point that I hope can happen in this Congress. I urge, as she has done, that a bill to reauthorize the Older Americans Act come to the floor of the Senate because it has been so long since that law has been reauthorized on a permanent basis. I understand it has been reauthorized on a year-to-year basis, but not on a permanent basis as it ought to be, or at least for a multiyear basis. So I urge that action to be taken at this particular time.

INTERNET MEDICAL PRIVACY

Mr. GRASSLEY. Mr. President, I come to the floor to speak on the subject of technology. The message on technology is very simple. Technology is moving fast, but somehow Congress does not pass laws that keep up with the technology. I wish to state the proposition that, from the standpoint of the right to privacy, our laws cannot be left behind. Every day, more and more Americans are waking up to what technology can do to improve their lives. Thanks to the hard work of the American people in the technology sector, we live in an amazing time. Congress didn't bring about this revolution, and Congress should not do anything to impede the rapid changes taking place in technology.

However, one of the main threats to the growth of electronic commerce is the risk of a massive erosion of privacy. While the Internet offers tremen-

dous benefits, it also comes with the potential for harm. If we lack confidence that our privacy will be protected online, we won't take full advantage of what the Internet has to offer. The Judiciary Committee is now considering a bill to protect the privacy of Internet users. I want to focus on one particular issue, and that is maintaining privacy of personal health information obtained by web sites.

I happen to believe, as a matter of basic principle, that information about my health is very personal, and nobody else should know that without my permission. So I am pleased to join my colleague from New Jersey, Senator TORRICELLI, in cosponsoring an amendment on this issue before the Judiciary Committee. I think it will be up this week, on Thursday.

The amendment Senator TORRICELLI and I plan to sponsor will give citizens a chance to control any health information that they might provide while surfing the web. None of that will be passed on to others without their explicit permission. Our amendment simply provides that a commercial web site operator must obtain permission from a person before sending health information to another entity. In addition, it would require that individuals be told to whom their medical information will be released if permission is given.

I know to people watching this sounds like a pretty simple, common-sense thing, that there would be no dispute and it ought to be part of the laws of our country under our Constitution that personal information not be sold or used by anybody else without the personal permission of the person who that medical information is about. It sounds pretty simple that it ought to be part of our law. It appears to be such common sense that maybe we should not even have to deal with that; it is just common sense that nobody else should profit from your personal information without telling you about it and without your permission.

It is only fair—it seems to myself and to Senator TORRICELLI—to put that burden on the web site operator and not on the consumer. Medical information can be highly personal, and consumers face serious risk if it becomes a public commodity that can be bought and sold without the individual's consent. If that is allowed, then we are all at risk.

As far as your own personal information being a public commodity that can be sold—outside the fact that it shouldn't be done without your permission, not only to protect your privacy but you ought to know about the information being disseminated and to whom it is going, it is also the fact that personal health information, if it is a commodity, is under your personal, private property rights, and they ought to be protected just as personal property rights are protected under our Constitution.